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FACSIMILE MEMORANDUM

Client: Reddle & Grose

Attorney: VWN

Docket: 20015

TO: OIPE Customer Service

FACSIMILE NUMBER: (703) 308-7751

FROM: Vaughn W. North/vad

DATE: December 27, 2001 (9:57AM)

SUBJECT: Sorensen filing receipt correction
Our Docket No.: 20015

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JAN 03 2002
Technology Center 2100

NUMBER OF PAGES
TO FOLLOW:

2

Please see the attached letter of October 5, 2001 Item 2 requesting correction of the first inventor's middle name. Please make the correction and send the corrected filing receipt to us. Thank you for your help. Please call should you have any questions.

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Transmitted by: Vivian

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Intellectual Property Law

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(1939-1999)

October 5, 2001

Office of Initial Patent Examination's
Customer Service Center
Assistant Commissioner for Patents
Washington, D.C. 20231

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Technology Center 2100

RE: US Serial No. 09/873,761
Filed June 4, 2001
Inventor: Sorensen, et al
Our Docket No. 20015

Dear Sirs:

We enclose herewith a copy of the Filing Receipt received August 7, 2001 and request the following changes be made:

1. Please add our docket number of 20015 to all correspondence from the PTO;
2. Please correct the name of the inventor Jesper Leck Sorensen. The error is ours, we incorrectly typed his name as Lech and would appreciate your correcting this for us.
3. The residence for Jesper Leck Sorensen is Skenderborg, Denmark and the residence for Lars Sorensen is Vippered, Denmark.

Thank you for your help in making these corrections. Please call should you have any questions.

Very truly yours,

THORPE NORTH & WESTERN, LLP

Vaughn W. North
Vaughn W. North

VWN:vad

enc.

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/873,761	06/04/2001	2161	444	20015	27	21	2

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NOV 14 2001

CONFIRMATION NO. 2347

UPDATED FILING RECEIPT



OC000000007044097

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Thorpe, North & Western

Date Mailed: 11/08/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Jesper Leck Sorensen, Skenderborg, DENMARK;
Lars Sorensen, Vipporod, DENMARK;

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Domestic Priority data as claimed by applicant

Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 01302174.6 03/09/2001

If Required, Foreign Filing License Granted 08/06/2001

Projected Publication Date: 09/12/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Method and apparatus for delivering healthcare

Preliminary Class

705



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Bib Data Sheet

FILE COPY**CONFIRMATION NO. 2347**

SERIAL NUMBER 09/873,761	FILING DATE 06/04/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. 20015
APPLICANTS Jesper Leck Sorensen, Skenderborg, DENMARK; Lars Sorensen, Vipporod, DENMARK;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 01302174.6 03/09/2001				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/06/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY DENMARK	SHEETS DRAWING 27	TOTAL CLAIMS 21
INDEPENDENT CLAIMS 2				
ADDRESS Vaughn W. North THORPE NORTH & WESTERN, L.L.P. P.O. Box 1219 Sandy ,UT 84091-1219				
TITLE Method and apparatus for delivering healthcare				
FILING FEE RECEIVED 444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	